ARI	ZONA STATE	BOARD OF HEALT	ru 207
1. PLACE OF BIRTH	BUREAU OF	VITAL STATISTICS	State File No.
	STANDARD CER	TIFICATE OF BIRTH	, Registered No.
County Julia	1		
District or 20 nship		State CZ	3vna
	~~ · · · · · · · · · · · · · · · ·	or Village	
City June	No. 3403	Year him	
On -to	If birth oc	curred in a hospital or institution	On, give its NAME instead of street and number)
2. Full name of child //astro	Jastines	ra	(If child is not and number)
3. Sex of Child To be answered ONLY 4	. Twin, triplet or oth	***************************************	{ If child is not yet named, make supplemental report, as directed.
/ø [18 event of plural]	. I will, triplet or oth	B	_
	No., in order of birtl	Tes	7. Date of birth Zin 30 1924
8. FATHER	U	11	Month Day Year
Full name	#	14.	MOTHER
- Sumardo Cear	Linear	Full maiden name	X' II
9. Residence 3403 Tank	1	<i>\alpha</i>	uternea Huerta
9. Residence 3 40 3 Zurkey	non	15 Residence 3403	Turk 1
If non-resident, give place and state,		(Usual place of abode)	- Joenay
10. Color or race		If non-resident, give	place and state.
m		16 Color or race	
Regican 11. Age at last birth	day 28 m	m.	
0. 0		- Mexican	17. Age at last birthday 27 (Years)
12. Birthplace (city or place) Survey M	zalo		<i>/</i> / / /
(State or country) Con f . (0 0	18. Birthplace (city or pla	(a) Juninez
	a my.	(State or country)	himself no.
13. Occupation	-	10. 00000000	They was
Nature of industry		19. Occupation	Hunsewife
		Nature of industry	
20. Number of children of this mother	-, !		
(Tobon as of at	" (a) Born alive an	d now living	21. Were precautions taken against oph-
certified and including this child.)	(b) Born alive by	it now dead	thaimin neonatorum?
CERTIFIC	TE OF ATTERNATION	PHYSICIAN OR MIDWIPE	- Mar
I hereby certify that I attended the birth of this ci	hild, who was	Alive MIDWIFE	6.30
	(E	orn alive or reliborn.)	A.m. on the date above stated
When there was no attending physician or midwife, then the father, householder, etc., should make this sater.	ignature	Tan-	a t
etc., should make this return. A stillborn child is one that neither breather			
child is one that neither breathes nor shows other evidence of life after birth.	***************************************		The state of $oldsymbol{arOmega}$ and the state of $oldsymbol{arOmega}$
Given name added from		X	(Physician or midwife),
Given name added from a supplemental report Month, day, year	Address	08 Sulliva	an of
	-A	1 1 23	00
Registrar	Filed / P	[/ 192/	(6.0mg
	17 100		Régistrar
	171 ~ 171	$-C_{\bullet}V$	